

**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	10/578,757-Conf. #1524
Filing Date	November 5, 2004
First Named Inventor	Fuller
Title	Method and apparatus for analysing a liquid
Art Unit	1797
Examiner Name	Maureen Wallenhorst
Attorney Docket No.	ISA-168.01

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: 63767

OR

Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature: 

Date: July 7, 2008

Name: Julius C. Fister III

Telephone: 781-314-4066

Title and Company: Prokurist, Inverness Medical Switzerland GmbH

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of 1 forms are submitted.